

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		5 1-23-90
EXAMINER	71470	2/19/90
TYPIST	11	1
VERIFIER	11	1
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	9 3 5 16 21 6 Original 98 99 99
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25 50	✓ =

SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	9 3 5 21 6 Original 99 99
24 51	✓ =
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